2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT#

P01000062351

1. Entity Name

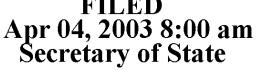
ONSTREAM MEDIA CORPORATION



Mailing Address Principal Place of Business 1291 S W 29TH AVENUE 1291 S W 29TH AVENUE POMPANO BEACH FL 33064 POMPANO BEACH FL 33064 3. Mailing Address 2. Principal Place of Business 7721521442 Suite, Apt. #, etc. Suite, Apt. #, etc. HECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number APPLIED FOR Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FRIEDLAND, CLIFFORD Street Address (P.O. Box Number is Not Acceptable) 1291 S W 29TH AVENUE POMPANO BEACH FL 33064 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. . SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Addition ☐ Change TITLE TITLE ☐ Delete FRIEDLAND, CLIFFORD NAME NAME 1291 S W 29TH AVENUE STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 33064 CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete TITLE NAME GLASSMAN, DAVID NAME STREET ADDRESS STREET ADDRESS 1291 S W 29TH AVENUE CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33064 Change ☐ Addition TITLE Delete -TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS

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supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information ental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if an address, with all other like empowered. er or

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SIGNATURE:

12. I hereby certify that the infor

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of the corporation or the re

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